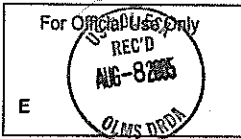


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5312</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>1</u> / <u>1</u> / <u>05</u>
3. Name and address of person filing. Name <u>Steven</u> <u>A</u> <u>Mayor</u> P.O. Box, Bldg., Room No., if any Street <u>3515 Prospect Ave</u> City <u>Cleve.</u> State <u>Ohio</u> ZIP Code + 4 <u>44115</u>	4. Name, file number, and address of labor organization. Name <u>Int. Union of Operating Eng. Local 18</u> Labor Organization File Number <u>39090</u> P.O. Box, Building and Room Number, if any <u>210</u> Street <u>3515 Prospect Ave.</u> City <u>Cleve.</u> State <u>Ohio</u> ZIP Code + 4 <u>44115</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Marous Bros. Const.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1702 Joseph Lloyd Parkway</u> City <u>Willoughby</u> State <u>Ohio</u> ZIP Code + 4 <u>44094</u>	7.a. Nature of Interest, Transaction, or Income. <u>8-16-04-</u> <u>Attend Residential Agreement meeting</u> <u>at Marous Bros. Office. They invited</u> <u>entire Cleve. Building Trades to meeting</u> <u>and Unknown To use, provided Lunch</u> 7.b. Amount. <u>Unknown</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Steven A. Mayor

On

8-1-05

Date

216-432-3131

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

NONE

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio Oper. Eng. Apprenticeship Fund

Trade Name, if any: I.U.O.E. Local 18

P.O. Box, Bldg., Room No., if any

Street 1184 Dublin Rd./1180 Dublin Rd.

City Columbus

State Ohio ZIP Code + 4 43215

Steven A. Mayor - Trustee

11.a. Nature of such dealing.

Attend graduation Ceremony in Columbus, as a Trustee I'm provided a room for overnight stay

11.b. Approximate dollar value of such dealing.

Approx. \$90.00

12.a. Nature of interest held or income received.

Received Christmas Gratuity of \$75.00
Gift Certificate for ham

Attend Training and Safety Health Conference in San Diego, Calif
4-19-04 Thru. 4-22-04
- See Enclosed -

12.b. Amount.

See Enclosed

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

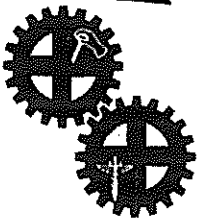
14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0



**OHIO OPERATING ENGINEERS
APPRENTICESHIP FUND**

PO BOX 12009 • 1180 DUBLIN ROAD • COLUMBUS OH 43212-0009

BANK ONE OF COLUMBUS, N.A.
COLUMBUS OH 43271
25-3/440

17106

DATE

2/18/2004

AMOUNT

\$3,000.00

PAY **Three Thousand Dollars And 00 Cents**

TO THE
ORDER
OF

STEVE MAYOR

OHIO OPERATING ENGINEERS
APPRENTICESHIP FUND

FISCAL ADMINISTRATOR

NON NEGOTIABLE

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK • HOLD AT AN ANGLE TO VIEW.

ART. CO. 012
OHIO OPERATING ENGINEERS
LOCAL 1404

OHIO OPERATING ENGINEERS APPRENTICESHIP FUND
PO BOX 12009 • 1180 DUBLIN ROAD • COLUMBUS OH 43212-0009

DETACH THIS STATEMENT BEFORE DEPOSITING CHECK
THE ATTACHED CHECK IS FOR PAYMENT OF ITEMS LISTED
IF NOT CORRECT PLEASE RETURN THIS CHECK AND STATEMENT. NO RECEIPT REQUIRED

Vendor ID
Invoice Number

Vendor Name
Invoice Date

Invoice Amount

TEMP00000008779
2/17/04

STEVE MAYOR
2/17/2004

\$3,000.00

Total Check Amount

\$3,000.00

OHIO OPERATING ENGINEERS

APPRENTICESHIP FUND

1184 Dublin Road
Columbus, Ohio 43215

Tel. (614) 487-6531
Fax (614) 487-6537

February 17, 2004

Ms. Christine Rentz
Health & Welfare
Fringe Benefit Office
1180 Dublin Rd.
Columbus, Ohio 43215

Christine:

On April 17-22, 2004 several individuals will be attending the Training and Safety & Health Conference to be held in San Diego. I will need advance money of \$3000.00 each for the following individuals:

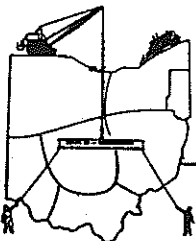
Donald R. Black 5061-7
Don Frantz 5061-2
Dan Ott 5061-2
Mark Fletcher 5061-4
Maurice Davis 5061-4
Steve Mayor 5061-7
Larry Bodner. 5061-7

Fred Woods 5061-1
Larry Wilson 5061-1
Mike Cooper 5061-3
Tom Zumbro 5061-3
Chuck LaFaso 5061-7
Floyd Jeffries 5061-7

If you have any questions please feel free to contact me. Please return the checks to me in Central Office.

Sincerely,

Donald R. Black
Donald R. Black
Administrative Manager



CASH FLOW OF THE DEPOSITS OF ALL MISCELLANEOUS CHECKS

DEPOSIT TO:

DATE: 8/24/04

OHIO OPERATING ENGINEERS HEALTH & WELFARE PLAN
ACCT #9801012801

CR MISC INCOME _____ CR OTHER _____

OHIO OPERATING ENGINEERS PENSION FUND
ACCT #9801014100

CR MISC INCOME _____ CR OTHER _____

OHIO OPERATING ENGINEERS APPRENTICESHIP FUND
ACCT #981532578

CR MISC INCOME X CR OTHER _____

OHIO OPERATING ENGINEERS EDUCATION & SAFETY FUND
ACCT #981533052

CR MISC INCOME _____ CR OTHER _____

DEPOSIT TO: OTHER VARIOUS ACCOUNTS
VARIOUS ACCT # _____

CR MISC INCOME _____ CR OTHER _____

DESCRIPTION OF ACCOUNT BEING CREDITED:
#A-5061-7

#9600 - Expense reimbursement



TRUSTEE EXPENSE VOUCHER

Ohio Oper. Eng. Apprenticeship Training Fund
(Name of Trust Fund(s))

☐ VOUCHER IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT _____ ON _____
(Location) (Date(s))

☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT San Diego, Calif.
(Location)

ON 4-19-04/4-22-04 SPONSORED BY Int. Union of Oper. Eng.
(Session Date(s)) (Meeting Sponsor)

☐ OTHER: _____
(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE 4-18-04 DATE OF RETURN 4-24-04

☐ PRIVATE AUTOMOBILE _____ MILES AT _____ c PER MILE \$ _____
☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ 362.20
☒ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ 184.80

HOTEL OR MOTEL:

☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ 1396.47

MEETING REGISTRATION FEE:

☒ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ 250.00

OTHER EXPENSES:

☒ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 673.58

TOTAL EXPENSES \$ 2867.05

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 2867.05
LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ 3000.00 A-5041-7

EQUALS

☒ REFUND WHICH I OWE TO TRUST FUND, MY CHECK IS ATTACHED. \$ 132.95

OR

☐ AMOUNT OWING ME BY TRUST FUND, I REQUEST REIMBURSEMENT \$ _____

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

Steven A. Mayor
(Signature of Trustee)

DATED THIS 4 DAY OF Aug. 2004

7489 Oakhill Rd, Bedford, Oh 44146
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS 7

DATE: <u>4-18-04</u>	DATE: <u>4-19-04</u>	DATE: <u>4-20-04</u>
BREAKFAST & TIP \$ <u> </u>	BREAKFAST & TIP \$ <u>16.95</u>	BREAKFAST & TIP \$ <u>12.50</u>
LUNCH & TIP \$ <u>5.57</u>	LUNCH & TIP \$ <u>10.00</u>	LUNCH & TIP \$ <u>59.35</u>
DINNER & TIP \$ <u> </u>	DINNER & TIP \$ <u> </u>	DINNER & TIP \$ <u> </u>
BEVERAGES & TIP \$ <u>12.00</u>	BEVERAGES & TIP \$ <u>12.00</u>	BEVERAGES & TIP \$ <u>14.00</u>
PORTERS—BELLMEN \$ <u>9.00</u>	PORTERS—BELLMEN <i>maid</i> \$ <u>13.00</u>	PORTERS—BELLMEN <i>maid</i> \$ <u>13.00</u>
LIMOS-TAXIS-BUSES \$ <u> </u>	LIMOS-TAXIS-BUSES \$ <u> </u>	LIMOS-TAXIS-BUSES \$ <u> </u>
(Other) \$ <u> </u>	(Other) \$ <u> </u>	(Other) \$ <u> </u>
TOTAL THIS DATE \$ <u>26.57</u>	TOTAL THIS DATE \$ <u>81.60</u>	TOTAL THIS DATE \$ <u>98.85</u>

DATE: <u>4-21-04</u>	DATE: <u>4-22-04</u>	
BREAKFAST & TIP \$ <u>12.50</u>	BREAKFAST & TIP \$ <u>On Hotel bill</u>	
LUNCH & TIP \$ <u>29.65</u>	LUNCH & TIP \$ <u>On Hotel bill</u>	
DINNER & TIP \$ <u>75.00</u>	DINNER & TIP \$ <u>46.73</u>	
BEVERAGES & TIP \$ <u>20.00</u>	BEVERAGES & TIP \$ <u>20.00</u>	IF MORE THAN
PORTERS—BELLMEN <i>maid</i> \$ <u>13.00</u>	PORTERS—BELLMEN <i>maid</i> \$ <u>13.00</u>	FIVE DAYS. ATTACH
LIMOS-TAXIS-BUSES \$ <u> </u>	LIMOS-TAXIS-BUSES \$ <u> </u>	AN ADDITIONAL
(Other) \$ <u> </u>	(Other) \$ <u> </u>	VOUCHER SHEET
TOTAL THIS DATE \$ <u>150.15</u>	TOTAL THIS DATE \$ <u>79.73</u>	

TOTAL OF ALL DAILY EXPENSES \$
(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot and will not set "ground rules." We will however provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used *only* for the benefit programs and for *reasonable expenses* in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimbursement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.

DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS 17

DATE: 4-23-04

DATE: 4-24-04

DATE: _____

BREAKFAST & TIP \$ 12.50
 LUNCH & TIP \$ 17.98
 DINNER & TIP \$ 17.88
 BEVERAGES & TIP \$ 14.00
 PORTERS—BELLMEN Maid \$ 13.00
 LIMOS-TAXIS-BUSES \$ _____
Gas-Car \$ 11.00
 (Other) _____
 TOTAL THIS DATE \$ 86.36

BREAKFAST & TIP \$ 12.00
 LUNCH & TIP \$ 29.16
 DINNER & TIP \$ _____
 BEVERAGES & TIP \$ _____
 PORTERS—BELLMEN \$ 9.00
 LIMOS-TAXIS-BUSES \$ _____
Maid \$ 25.00
 (Other) _____
 TOTAL THIS DATE \$ 75.16

BREAKFAST & TIP \$ _____
 LUNCH & TIP \$ _____
 DINNER & TIP \$ _____
 BEVERAGES & TIP \$ _____
 PORTERS—BELLMEN \$ _____
 LIMOS-TAXIS-BUSES \$ _____
 (Other) _____
 TOTAL THIS DATE \$ _____

DATE: _____

DATE: _____

BREAKFAST & TIP \$ _____
 LUNCH & TIP \$ _____
 DINNER & TIP \$ _____
 BEVERAGES & TIP \$ _____
 PORTERS—BELLMEN \$ _____
 LIMOS-TAXIS-BUSES \$ _____
 (Other) _____
 TOTAL THIS DATE \$ _____

BREAKFAST & TIP \$ _____
 LUNCH & TIP \$ _____
 DINNER & TIP \$ _____
 BEVERAGES & TIP \$ _____
 PORTERS—BELLMEN \$ _____
 LIMOS-TAXIS-BUSES \$ _____
 (Other) _____
 TOTAL THIS DATE \$ _____

IF MORE THAN
 FIVE DAYS, ATTACH
 AN ADDITIONAL
 VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES \$ 673.58
 (Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

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Hilton
San Diego Resort

1775 East Mission Bay Drive • San Diego, CA 92109
Phone (619) 276-4010 • Fax (619) 275-8944
Reservations
www.sandiegoresort.hilton.com or 1 800 HILTONS

Name & Address

MAYOR, STEVEN
PROSPECT AVE
CLEVELAND, OH 44145
JS

Room 675/K1RV
Arrival Date 04/18/04 3:52PM
Departure Date 04/24/04 4:26AM

Adult/Child 2/0
Room Rate 189.00

RATE PLAN C-TRP

HM#

AL:

BONUS AL:

CAR:

CONFIRMATION NUMBER : 3182413218

04/24/04 PAGE 2

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
04/23/04	CTMA ASSESSMENT	RILA	492335	\$0.09		
04/24/04	DS *****4232	SVON	492411		\$1,408.47	
	BALANCE					\$0.00

Hilton Honors®
Earn & Redeem

ACCOUNT NO.
DS *****4232

CARD MEMBER NAME
MAYOR, STEVEN

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

THANK YOU FOR STAYING WITH US AND WE LOOK FORWARD
TO SERVING YOU AGAIN!

DATE OF CHARGE 04/24/04 FOLIO NO./CHECK NO. 80322 A

AUTHORIZATION 018426 INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

The Hilton Family

Hilton

CONRAD

DOUBLETREE

EMBASSY SUITES

Hampton

Hampton

Hilton Garden Inn

HOMESWOOD SUITES



OPERATING ENGINEERS TRAINING TRUST

VALERIE ASCENCIO

MARCH 5, 2004

FROM

DATE

STEVE MAYOR

TO

SUB.

DINNER CRUISE

I have received your check in the amount of \$150.00 for 2 tickets for the **Dinner Cruise** in San Diego and have reserved seats for you.

See you soon and have a safe trip here.

/va

**IUOE BIENNIAL TRAINING AND SAFETY & HEALTH
CONFERENCE**

San Diego, California

April 19 - 22, 2004

Sponsored by Local 12 and Local 501

**DINNER CRUISE ABOARD THE LORD HORNBLOWER
APRIL 21, 2004**

\$75.00 per person

**Fee includes bay cruise, dinner, dancing, hosted bar and transportation
to and from hotel**

Meet in hotel lobby @ 5:45 p.m.

Boarding begins at @ 6:15 p.m.

Ship will leave @ 6:30 p.m.

Ship return @ 10:00 p.m.

NOTE: Seating is limited to 250 people

Please return this registration no later than March 19, 2004

REGISTRATION

NAME

Steven A. Mayan

LOCAL UNION AFFILIATION

18 Clevel

NUMBER OF PEOPLE IN PARTY

2

DAYTIME PHONE NUMBER

316 432-1311

Make checks payable to:

Operating Engineers Training Trust

Mail Check to:

Operating Engineers

Training Trust

2200 S. Pellissier Place

Whittier, CA. 90601

For further information contact:

Valerie Ascencio

(562) 695-0611

(562) 695-4676 - fax

*Mailed
2-25*

Chili's

Grill & Bar

Sports Arena Blvd.

#031 SHANNY

T033

04/23/04)19:51:00

#00952

CHECK #0336

YOUR OPINION COUNTS

TAKE OUR SURVEY WITHIN THE NEXT
3 DAYS AND YOU COULD WIN.
\$25,000!

0 TO: www.chilis-survey.com

```
Enter User ID:
049D 1UDP QTMR
```

No purchase necessary.
 must be 18 or older. Void
 where prohibited. See website
 or complete rules. Sweepstakes
 ends 6/25/04.

DOMESTIC DRAFT 1	3.50
BOWL SOUP	3.59
SOUP & DIN H SAL	5.79
Subtotal	12.88
Sales Tax	1.00
TOTAL	13.88

Thank You!!!
We welcome your comments!
(800)983-4637
www.chilis.com/9.88

LA JOLLA SEA AND SUN
7918 GIRARD UNIT 9
LA JOLLA CA 92037

04/22/04 15:53:53
MER#: 336003495501
STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0005 BCH: 058
CD TYPE: DU
TR TYPE: PR

TOTAL: \$53.85

ACCT: *****4232
EXP: ***** AF: 022969
STEVEN A MR MAYOR

CARDMEMBER ACKNOWLEDGES
RECEIPT OF GOODS AND/OR
SERVICES IN THE AMOUNT
OF THE TOTAL SHOWN
HEREON AND AGREES TO
PERFORM THE OBLIGATIONS
SET FORTH BY THE
CARDMEMBER'S AGREEMENT
WITH THE ISSUER

ALL SALES FINAL
NO REFUND
TOP COPY-MERCHANT
BOTTOM COPY-CUSTOMER

Beverages & Tip

Viejas Casino
Grove Steak House
CHECK: 788
TABLE: 15 / 1
SERVER: 105008 Jesus
DATE: (APR22'04) 8:33PM
CARD TYPE: Discover
ACCT #: XXXXXXXXXXXXX4232
EXP DATE: XX/XX
AUTH CODE: 022759
FSEARCH: 411403225356
STEVEN A MR MAYOR

SUBTOTAL: 38.73

>>>>>>>>>>>>>>> Tip 100

>>>>>>>>>>>>>> Total 46.79

Sign_____

Print_____

Guest agrees to pay total amount
as shown in accordance with your
credit agreement.

WE NOW HAVE FRESH
DELI SANDWICHES
INSIDE...

WELCOME?
BAYPARK
UNION 76

CLAIREMONT 76
2576 CLAIREMONT DR
SAN DIEGO CA
DLR# 00397901
DATE: (04/23/04)

STEVEN A MR MAYOR
NOVUS ACCT#
XXXX XXXX XXXX 4232
R4GGM5B7TGK6
INV# 093639 10/05
REF# 921 22-038
AUTH# 50-091141

PUMP#	9	SELF
UNL		4.232G
PRICE/GAL		\$2.599

FUEL TOTAL \$11.00

THANK YOU !!!
WE APPRECIATE
YOUR BUSINESS

ROCKSIDE COOKER

5005 ROCKSIDE ROAD
INDEPENDENCE, OHIO 44131

DATE: (APR24 '04 04:34PM)
CARD TYPE: DISCOVER
ACCT #: 6011005186504232
EXP DATE: 10/05
AUTH CODE: 024273
CHECK: 1113
TABLE: 25/1
SERVER: 518 SCHAY
/SCA: AUTH DRIVER

SUBTOTAL: \$ 48.32

TIP: 10.00

TOTAL: 58.32 ÷ 2 = 29.16

I AGREE TO COMPLY WITH THE
CARDHOLDER AGREEMENT!

SIGNATURE

[Signature]

** RESTAURANT COPY **



3105 OCEAN FRONT WALK
SAN DIEGO, CA 92109

Date: (Apr23 '04) 03:25PM
Card Type: DISCOVER
Acct #: XXXXXXXXXXXX4232
Exp Date: 10/05
Auth Code: 023903
Check: 6518
Table: 14/1
Server: 204 MICHELLE
STEVEN A MR MAYOR

Subtotal: 29.96

TIP: 6.00

TOTAL: 35.96 ÷ 2 = 17.98

Lunch

SIGNATURE

I AGREE TO PAY THE ABOVE TOTAL
ACCORDING TO MY CARD ISSUER
AGREEMENT!

604172365 3674801 C

MAYOR, STEVEN

CV - CSXXXXXXXXXXXX4232

OUT SAN 18APR04/1524 MI = 756

IN SAN 24APR04/0445 MI = 1051

295 MI@ .00 =

HRE 9.01 =

DYE 27.00 =

1 WKE 135.99 = 135.99

DISCOUNT .0 =

ONE WAY FEE/MISC =

FUEL PURCH OPT = 32.27

TAXABLE SUBTOT = 168.26

TAX 7.750% = 13.04

* \$3.50/RENTAL = 3.50

LDW =

TOTAL CHARGES = 184.80

*PORT OF SD CONV PARKING FEE

Hilton
BAYSIDE TERRACE GRILL
1775 E. Mission Bay Drive
San Diego, CA 92122
619-275-7920

EMP: TERRY B DISCOVER
Date (04/19/04) Time 07:50
Table 5 BAYSIDE
752770

Card Holder MAYOR/STEVEN A MR
Card Number *****04232, **/**
Auth-Code.. 019287 Ctrl: 75391

Amount.. 27.91

Tip.... 6.00

Total.. 33.91

X
Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

*** Merchant Copy ***

HOTEL DEL CORONADO
SHEERWATER RESTAURANT
CORONADO, CA

----- Credit Card Voucher -----

CHECK: 1884
TABLE: 310/1
SERVER: 101021 JESUS SANCHEZ
DATE: (APR21'04) 2:08PM
CARD TYPE: Discover
ACCT #: XXXXXXXXXXXX4232
EXP DATE: XX/XX
AUTH CODE: 25

STEVEN A MR MAYOR

SUBTOTAL: 49.30

GRATUITY

TOTAL

SIGNATURE

The Yellow Copy is Your Receipt.
Gratuity is not Included.

Lunch

BURGER KING #10997
HOPKINS INT'L AIRPORT
CLEVELAND, OHIO

294 Sandra

5388 (APR18'04) 8:48AM

1 CROIS-SAU/EGG/CH 2.09
1 CROIS-EGG/CH 2.09
1 COFFEE 1.39
Cash 20.57

Subtotal 5.57
Amt Paid 5.57
Change Due 15.00

Edgewater Grill
861 W. Harbor Drive
San Diego, Ca. 92101
(619) 232-7501

Server: Carolyn
02:48 PM
Table 209/1

(04/20/2004)
3/30046

DISCOVER 2097207
Card #6011XXXXXXXX4232 Exp:1003
Magnetic card present: mayorsteven a mr
Approval: 020996

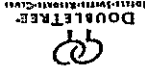
Amount: 49.35

+ Tip: 10.00

= Total: 59.35

X
Approval: 020996

Customer Copy



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F

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
04/18/04	SELF PARKING	CDED	486734	\$10.00		
04/18/04	GUEST ROOM	CDED	486735	\$189.00		
04/18/04	CITY OCCUPANCY TAX	CDED	486735	\$19.85		
04/18/04	CTMA ASSESSMENT	CDED	486735	\$0.09		
04/19/04	SELF PARKING	CDED	487800	\$10.00		
04/19/04	GUEST ROOM	CDED	487801	\$189.00		
04/19/04	CITY OCCUPANCY TAX	CDED	487801	\$19.85		
04/19/04	CTMA ASSESSMENT	CDED	487801	\$0.09		
04/20/04	SELF PARKING	CDED	488915	\$10.00		
04/20/04	GUEST ROOM	CDED	488916	\$189.00		
04/20/04	CITY OCCUPANCY TAX	CDED	488916	\$19.85		
04/20/04	CTMA ASSESSMENT	CDED	488916	\$0.09		
4/21/04	SELF PARKING	CDED	490134	\$10.00		
04/21/04	GUEST ROOM	CDED	490135	\$189.00		
04/21/04	CITY OCCUPANCY TAX	CDED	490135	\$19.85		
04/21/04	CTMA ASSESSMENT	CDED	490135	\$0.09		
04/22/04	BAYSIDE TERRACE GRILLE	LINTR	490455	\$12.00		
04/22/04	SELF PARKING	RILA	491333	\$10.00		
04/22/04	GUEST ROOM	RILA	491334	\$189.00		
04/22/04	CITY OCCUPANCY TAX	RILA	491334	\$19.85		
04/22/04	CTMA ASSESSMENT	RILA	491334	\$0.09		
04/23/04	BAYSIDE TERRACE GRILLE	LINTR	491623	\$33.91		
04/23/04	SELF PARKING	RILA	492334	\$10.00		
04/23/04	GUEST ROOM	RILA	492335	\$189.00		
04/23/04	CITY OCCUPANCY TAX	RILA	492335	\$19.85		

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
04/18/04	SELF PARKING	CDED	486734	\$10.00		
04/18/04	GUEST ROOM	CDED	486735	\$189.00		
04/18/04	CITY OCCUPANCY TAX	CDED	486735	\$19.85		
04/18/04	CTMA ASSESSMENT	CDED	486735	\$0.09		
04/19/04	SELF PARKING	CDED	487800	\$10.00		
04/19/04	GUEST ROOM	CDED	487801	\$189.00		
04/19/04	CITY OCCUPANCY TAX	CDED	487801	\$19.85		
04/19/04	CTMA ASSESSMENT	CDED	487801	\$0.09		
04/20/04	SELF PARKING	CDED	488915	\$10.00		
04/20/04	GUEST ROOM	CDED	488916	\$189.00		
04/20/04	CITY OCCUPANCY TAX	CDED	488916	\$19.85		
04/20/04	CTMA ASSESSMENT	CDED	488916	\$0.09		
4/21/04	SELF PARKING	CDED	490134	\$10.00		
04/21/04	GUEST ROOM	CDED	490135	\$189.00		
04/21/04	CITY OCCUPANCY TAX	CDED	490135	\$19.85		
04/21/04	CTMA ASSESSMENT	CDED	490135	\$0.09		
04/22/04	BAYSIDE TERRACE GRILLE	LINTR	490455	\$12.00		
04/22/04	SELF PARKING	RILA	491333	\$10.00		
04/22/04	GUEST ROOM	RILA	491334	\$189.00		
04/22/04	CITY OCCUPANCY TAX	RILA	491334	\$19.85		
04/22/04	CTMA ASSESSMENT	RILA	491334	\$0.09		
04/23/04	BAYSIDE TERRACE GRILLE	LINTR	491623	\$33.91		
04/23/04	SELF PARKING	RILA	492334	\$10.00		
04/23/04	GUEST ROOM	RILA	492335	\$189.00		
04/23/04	CITY OCCUPANCY TAX	RILA	492335	\$19.85		

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
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04/24/04	PAGE 1					
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CONFIRMATION NUMBER : 3182413218						
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CAR:	BONUS AL:					
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HH#	AL:					
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C-TRP	RATE PLAN					
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Room	Adult/Child	Room Rate				
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675/K1RV	2/0	189.00				
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Arrival Date	Departure Date					
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04/18/04 3:52PM	04/24/04 4:26AM					
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Room	Arrival Date					
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04/18/04 3:52PM	04/24/04 4:26AM					
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Room	Arrival Date					
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04/18/04 3:52PM	04/24/04 4:26AM					
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Room	Arrival Date					
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04/18/04 3:52PM	04/24/04 4:26AM					
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IUOE TRAINING AND SAFETY & HEALTH CONFERENCE
 Hilton San Diego Resort, San Diego, CA
 April 19 - 22, 2004

REGISTRATION FORM

ONE FORM PER PARTICIPANT - Duplicate form as needed
 PLEASE PRINT CLEARLY

Name (as it will appear on badge)	Steven A. Mayor	
Title	Business Rep. I.U.O.E. Local 18	
Spouse's Name	Debbie	
Local Union Number or Company Name	18	<input checked="" type="checkbox"/> H&P <input type="checkbox"/> Stationary
Mailing Address	3515 Prospect Ave.	
City/State/Zip	Cleve. Oh. 44115	

<u>FEE SCHEDULE</u>		<u>Monday, April 19th</u>
<u>Before April 9th</u> Registration - \$250	<u>After April 9th</u> Registration - \$300	BANQUET <input checked="" type="checkbox"/> Yes, I will attend
Child(ren)/Additional Adult(s) attending banquet - \$75 each paid in advance		<input checked="" type="checkbox"/> Yes, my spouse will attend <i>Banquet tickets for delegate and spouse are included in the registration fee, however, additional banquet tickets for children and adults are \$75 each. Tickets MUST be paid for in advance.</i>
ALL FEES ARE TO BE PAID IN U.S. FUNDS		<input type="checkbox"/> Yes, I wish to purchase _____ additional banquet ticket(s). I understand \$75 per ticket must be paid in advance.
CHILDREN'S PARTY: Children ages 12 and under are invited to attend the children's party at no additional cost to attendee (please complete the Children's Party form)		

Please make check(s) payable to the IUOE

Mail this form with check(s) to:

International Union of Operating Engineers
 Attention: Steve Brown
 1125 17th Street, NW
 Washington, DC 20036

CL#358

FEB 27 2004

Jul-21-04 07:56am From-

T-668 P.003/003 F-448

STEVEN A. MAYOR
7489 OAKHILL ROAD
BEDFORD, OH 44146

Date 8-25-07

08-7511/2410

Pay To The
Order Of

I. U. O. F

\$ 250.00

Two hundred and fifty

00 Dollars

Ohio Operating Engineers
Federal Credit Union
3515 Prospect Avenue, Room 200
Cleveland, OH 44115-2819

Steven A. Mayor

Memo Reg. Fee

⑆241076110⑆

00023443⑈ 0358

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Local 18

Steven Mayor

Date	Date	Number	Type						
PAYMENTS AND CREDITS									
02/17	02/17	4674	VS	ADJUSTMENT TO BALANCE				280.50	CR
02/17	02/17	4675	VS	DISPUTE FINANCE CHARGE ADJ				0.50	CR
02/27		1643	VS	PAYMENT - THANK YOU				23.90	CR
PURCHASES AND ADJUSTMENTS									
02/28	02/26	4217	VS	CHEAPTICKETS.COM	888-822-8849	TN MAIL/PHONE	NO 100		
02/28	02/26	8090	VS	US AIRWAYS	0377586999	NASHVILLE	TN	288.40	
02/28	02/26	8104	VS	US AIRWAYS	0377586999	NASHVILLE	TN	288.40	
03/04	03/03	1317	VS	TRAVEL GUARD/INSURE	AM 888-826-1300	WI		29.90	
TOTAL FOR BILLING CYCLE FROM 02/12/2004 THROUGH 03/11/2004								\$684.85	\$304.80 CR

2 checks # 636-70
 47.65
 684.35

IMPORTANT NEWS

ENJOY THE CONVENIENCE AND FLEXIBILITY THE ENCLOSED CHECKS OFFER
 CONTACT US AT WWW.CASHTRANSFERNOW.COM

TAX RELIEF WITH FOX SAVINGS! AAA MEMBERS SAVE 10% ON H&R BLOCK SERVICES.
 FOR PARTICIPATING STORES. CALL YOUR AAA OFFICE OR VISIT WWW.AAA.COM. THE
 DISCOUNT IS VALID FOR TAX PREPARATIONS NOW THROUGH APRIL 15, 2004.
 PAY YOUR BILL QUICKLY WITH PAY-BY-PHONE SERVICE. CALL 1-866-297-9258 TO
 USE THIS AUTOMATED SERVICE. PAYMENT POSTS THE SAME OR NEXT BUSINESS DAY.

SUMMARY OF TRANSACTIONS

Previous Balance	(-) Payments and Credits	(+) Cash Advances	(+) Purchases and Adjustments	(+) Periodic Rate FINANCE CHARGES	(+) Transaction Fee FINANCE CHARGES	(=) New Balance Total	TOTAL MINIMUM PAYMENT DUE	
\$304.40	\$304.90	\$0.00	\$684.85	\$0.00	\$0.00	\$684.35	Past Due Amount	\$0.00
							Current Payment	\$15.00
							Total Minimum Payment	\$15.00
							Due	\$15.00

FINANCE CHARGE SCHEDULE

Category	Periodic Rate	Corresponding Annual Percentage Rate	Balance Subject to Finance Charge
Cash Advances			
A. BALANCE TRANSFERS, CHECKS	0.010136% DLY	3.70%	\$0.00
B. ATM, BANK	0.054767% DLY	19.99%	\$0.00
C. PURCHASES	0.035589% DLY	12.99%	\$0.00

FOR THIS BILLING PERIOD:
 ANNUAL PERCENTAGE RATE SEE ABOVE

FOR YOUR SATISFACTION, EVERY HOUR, EVERY DAY
 • For Customer Satisfaction and up to the minute automated information including balance, available credit, payments received, payments due, due date, payment address information, or to request duplicate statements, call 1-800-807-3006.
 • For TDD (Telecommunication Device for the Deaf) assistance, call 1-800-346-3178.
 • Mail payments to: AAA FINANCIAL SERVICES, P.O. BOX 15268, WILMINGTON, DE 19865-5288.
 • Billing rights are preserved only by written inquiry. Mail billing inquiries, using form on the back, and other inquiries to:
 AAA FINANCIAL SERVICES, P.O. BOX 15026, WILMINGTON, DE 19850-5026.

4667 07C Y 55K 0511 0300.00
 4264 2962 1603 8973 PAGE 1 OF 1

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION